



HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

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LOBBYIST REGISTRATION FORMATE ETHICS COMMISSION
(Type or Print Classic)

PARTI LOBBYIST	(Type or Print C	ncarry)		
NAME (Last)	(First)	(Middle)	TELEPHONE	
Kosasa	Paul		808-591-2550	
MAILING ADDRESS (Street)			FAX	
766 Pohukaina St.			808-591-2039	
(City)	(State)	(Zip Code)		
Honolulu	HI	96813		
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE	
Hawaii Food Industry Association, Inc. (HFIA)			808-533-1292	
MAILING ADDRESS (Street)			FAX	
820 Mililani St., Suite 810			808-599-2606	
(City)	(State)		(Zip Code)	
Honolulu	н		96813	

PARTII ORGANIZATIO	N		
NAME OF ORGANIZATION YOU	TELEPHONE		
Hawaii Food Industry As	808-533-1292		
MAILING ADDRESS (Street)	FAX		
820 Mililani St., Suite 81	808-599-2606		
(City)	(State)	(Zip Code)	
Honolulu	н	96813	
NAME OF PERSON RESPONSIBLE	FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE	
Richard C. Botti	808-479-7966		
MAILING ADDRESS (Street)	FAX		
820 Mililani St., Suite 81	808-599-2606		
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
Agriculture	✓ Education	Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs			
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment	✓ Transportation		
Culture, Arts, Historic Preservation	✓ Health	Planning, Land & Water Use Management	Other: (indicate below)		
Ecology, Energy Environmental Protection	☐ Housing	Public Safety & Corrections			
PART IV CERTIFICAT	TON OF LOBBYIST				
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.					
//////			7-07		
(Date)					
PART V AUTHORIZA	TON TO LOBBY				
NAME	7	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED			
Richard C. Botti		President			
NAME OF ORGANIZATION (if applicable)		TELEPHONE		
Hawaii Food Industry Association			808-479-7966		
MAILING ADDRESS (Street)			FAX		
820 Mililani St., Suite 810			808-599-2606		
(City)	(State)		(Zip Code)		
Honolulu	н		96813		
l hereby authorize t	he above - named person to e	ngage in lobbying activities on	behalf of the undersigned.		
I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.					
(Signature of Authorizing Officer or Person Represented)			(Date)		